

DT05 Rec'd PCT/PTG 27 JAN 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CELL CULTURE INSERT
Attorney Docket Number::	WEDELL1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Gabriele
Middle Name::	

Family Name::	WEDELL
Name Suffix::	
City of Residence::	Goppeln
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Gebergrundblick 46
City of Mailing Address::	Goppeln
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	01728
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Helmut
Middle Name::	
Family Name::	MATTHES
Name Suffix::	
City of Residence::	Grosserkmannsdorf
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Bautzner Landstrasse 39
City of Mailing Address::	Grosserkmannsdorf
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	01454
Correspondence Information	
Correspondence Customer Number::	001444
Representative Information	
Representative Customer Number::	001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/EP03/008527	08-01-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	102 40 787.8	08-30-02	Yes

Assignment Information

Assignee Name::	OXYPHEN AG
Street of Mailing Address::	Gubelstrasse 11
City of Mailing Address::	Zug
State or Province of Mailing Address::	
Country of Mailing Address::	Switzerland
Postal or Zip Code of Mailing Address::	CH-6304